

inda M. West  
Paralegal Specialist

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
= ..... Allowed      I ..... Interference  
- (Through numeral)... Canceled      A ..... Appeal  
+ ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	3/15/02
2	3/15/02
3	3/15/02
4	3/15/02
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19	3/15/02
20	3/15/02
21	N
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23	N
24	N
25	N
26	N
27	N
28	N
29	N
30	N
31	N
32	N
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34	N
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36	N
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Claim	Date
Final Original	
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Claim	Date
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If more than 150 claims or 10 actions  
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